



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90017 045 \*\*\*\*61.25

<b>DOCUMENT # 715173</b> 1. Entity Name <b>POST NO. 8193, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>					
Principal Place of Business <b>U.F.W. POST 8193 757 ALL-BABA AVENUE OPA LOCKA FL 33054</b>		Mailing Address <b>U.F.W. POST 8193 757 ALL-BABA AVENUE OPA LOCKA FL 33054</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		  1st MOORE CR2E037 (10/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-6198620</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KOSCHEN, EDWARD P 2841 N.W. 132ND TERRACE OPA LOCKA FL 33054</b>			7. Name and Address of New Registered Agent Name <b>GEORGE MOURLOT</b> Street Address (P.O. Box Number is Not Acceptable) <b>14411 N.W. 83rd. AVE.</b> City <b>MIAMI LAKES</b> FL <b>33016</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>George Mourlot</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>5/19/06</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>		
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MADDOX, BILLY R 17540 N.W. 29 CT MIAMI FL 33056 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PQM KOSCHEN, EDWARD P 2841 N.W. 132 TERRACE OPA LOCKA FL 33054 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PQM MOURLOT GEORGE 14411 N.W. 83rd. AVE. MIAMI LAKES FL. 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PULU, FRANK T 2960 N.W. 153RD TER OPA-LOCKA FL 33054 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUELL, DON 76 NW 111TH STREET MIAMI FL 33168-1432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVC THOMPSON, JERONE E 6976 S.W. 39 ST DAVIE FL 33314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>BILLY R. MADDOX</b> <i>Billy R. Maddox</i> 5-19-06 305-793-3554 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

5001985-6  
# 715173

OLD P.Q.M.

KOSCHEN, EDWARD P.

5-19-06

NEW P.Q.M.

MOURLOT GEORGE

We are Sorry this report  
is late.

OUR P.Q.M. Passed, we had to  
elect a new one and we  
were a little late So Sorry

Thank you So much for your  
patience

Post Commander  
Billy Ray Maddy  
BILLY RAY MADDY